

Foster Family Home - Corrective Action Report

Provider ID: 2-560046

Home Name: Helen Sembran, CNA

Review ID: 2-560046-4

95-5568 Kilika Street

Reviewer: Carol Copeland

Naalehu

HI 96772

Begin Date: 10/3/2018

End Date: 10-23-18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSN
Compliance Manager

Helen A. Sembran
Primary Care Giver

10-3-18
Date

10-03-18
Date